

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: ConsultingMD

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: _____

Name of Agent Designated to Receive Notification of Claimed Infringement: Morgan M. Worth
135 Commonwealth Drive, Menlo Park, CA 94025

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
135 Commonwealth Drive, Menlo Park, CA 94025

Telephone Number of Designated Agent: 650-752-3100

Facsimile Number of Designated Agent: 650-853-1038

Email Address of Designated Agent: MWorth@goodwinprocter.com

Representative of the Designating Service Provider: _____
Date: 3/6/2012

Typed or Printed Name and Title: Patricia Ng, VP Marketing

**Note: This Interim Designation Must be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.**

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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